

Field Trip Reservation Page

 ${\it Please Print Clearly. Reservation information must be complete to process and confirm.}$

HARBOW.						
*All reservations must be made with this form.		Tell us about you			Date:	
*Reservations need to be made at least 14 business days before requested visit date. Full admission will be charge otherwise.		Name of School/Group:				
*Dates & times are subject to availability and cannot be guaranteed. There is a 2 hr maximum visit time, unless otherwise approved. Reservations are made in 1 hr time blocks.		Type: Public Private Homeschool Daycare/Preschool Head Start Camp Other If other, please explain:				
		Address:		City:	Zip:	
*Reservations are not guaranteed until confirmed by an MSA staff member. Please plan accordingly.		Contact Person: Email:				
		Telephone: Fax:				
*Group Rates will only apply to schools groups during school months and qualified pre-reserved groups in summer months.		Grade:	# of Students:		# of Adults:	
* Groups must have 10 or more people to reserve space and receive group rates. Approved home schools must have at least 5 participants to reserve space.		Please note that we request a ratio of 1:5 for all school groups. At this ratio, teachers are free- up to 10. Additional adults will be charged. Groups must have at least 5 students to receive this discount. This does not apply to other groups including recreational, private, or tour groups.				
*Groups who do not follow policies while visiting our facility or cancel reservations in a timely manner will not be considered for reapproval		So that we can better serve your group, please check all that apply:				
in following seasons.		☐ Special Needs Please explain above selection	☐ ESL Students	L	Other	
?Have you: <i>☞Reviewed our updated admissio</i>	n policies and fees and prepared	About Your V	isit. There is a 2 hr mayimu	m visit time lune-Aug	ist so that we can accommodat	te.
accordingly?		About Your Visit- There is a 2 hr maximum visit time June-August so that we can accommodate other groups and our non-group visitors. If special arrangements need to be made, please call us.				
₱ Downloaded The Teachers Guide to GOM Marine Life? ₱ Downloaded and read our updated Field Trip Guide?		Please select 3 desired	d visit dates and times to e r Tim		occommodate you. Departure	
The status of your reservation by visiting our online		1. 2.				
reservation calendar found at (lin. http://www.maine.gov/dmr/r	k at the bottom of the page) :	3.				
		Do you plan on eating at our facility during your visit? Please be advised that we do not have indoor accommodations for groups if inclement weather occurs.				
Please return this form by: • Fax: (207) 633-9579		Do you wish to schedule one of our complimentary presentations? Please choose one. Your group may be required to split up for presentation rotations if larger than 20 people due to spatial constraints.				
 Email: aquarium@maine.gov Mail to: Aquarium, P.O. Box 8, West Boothbay Harbor, ME 04575 		□ Lobsters	☐ Shanng for? Please call for additional in		Other (for additional fees)	
		Please note that our classroom is unable to accommodate more than 35 people at a time. Groups larger than this wanting alternative programs will need to contact us before requesting.				
MSA ADMINISTRATIVE USE ONLY:		Additional informati	on that will help us accor	nmodate your gro	oup?	
Date Received:	Confirmed: \Box Y \Box N					
Communications Notes:	Date Confirmed:	Admissions P	olicy: For qualified groups only w	ith pre-reservations. Additio	nal programming is not included.	
		Group Rate: \$2.50 p	Adults exceeding free admiss will be charged group rate			
		Maine schools may apply	for a field trip cost waiver using	our Field Trip Assista	nce Application.(Deadline Apri	l 15)
Did you send confirmation letter & materials? □ Y □ N How: □ Email □ Fax □ Mail		Children Ur	nder 4 are FREE	All others will be	charged general admission fe	es.
Admissions Receptionist Only:		Group Payme	nt: Groups must pay in on	e transaction- to in	clude additional chaperor	ies.
Attendance:	Paid Total:	Howw	vill your group be payin	g for their visit t	o our facility?	
Invoice #:	Check #:	110 W	, our group be paying	b . o. chen visit t	o our ruentey.	
Cancellation Information:		□ Cash	☐ Check (arrival)	□ Credit Card	☐ Invoice/Chec	ck
Receptionist Signature:		Credit Card #:			_ Exp Date:/	_
Notes:		Type: VISA MC DISCOVER Name on Card:				
		No refunds will be given on prepaid checks. Invoices will need to be paid within 30 days of visit.				